

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 26 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767162

1. Corporation Name

SEASIDE INSTITUTE INC.

~~W09 8472~~

000144076880
02/20/09--01028--003 **183.75

2. Principal Office Address - No P.O. Box #

30 SMOLIAN CIRCLE 2ND FL

3. Mailing Office Address

PO Box 4875

REINSTATEMENT 07-09

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEASIDE FL

City & State

SEASIDE FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/1983

5. FEI Number

59-2347213

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LISA CRAIG

Street Address (P.O. Box Number is Not Acceptable)

30 SMOLIAN CIRCLE

Suite, Apt. #, Etc.

City

SEASIDE

State

FL

Zip Code

32459

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lisa Craig

REGISTERED AGENT MUST SIGN

Date 2.18.09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CHAIR	RAY GINDROZ	31st Floor 707 GRANT ST. 15th Floor	Pittsburgh, PA 15219
VICE CHAIR	FRANK STARKEY	12959 STATE Rd 5A	Odessa, FL 33556
Acting TREASURER	Steve Mann	Box 878 233 Route 17	Tuxedo Park, NY 10987
Member Director	IAN Gillis	23 Lavenham Road	Novato, CA 94949
SECRETARY	LAURIE VOLK	6 EAST MAIN Street	Clinton NJ 08809
FOUNDER	Robert S DAVIS	2443 Fillmore St. #344	SAN FRANCISCO, CA 94115

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Lisa Craig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.18.09 850.231.2421

Date

Daytime Phone #

THE
SEASIDE
INSTITUTE

February 25, 2009

This letter is to complete our application for reinstatement.

Title	Name of Director	Street Address	City/State/Zip
Director of National Programs	Lisa Craig	30 Smolian Circle 2 nd Floor	Seaside, FL 32459

Thank you..
Lisa Craig